

Sheet 1 of 3

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

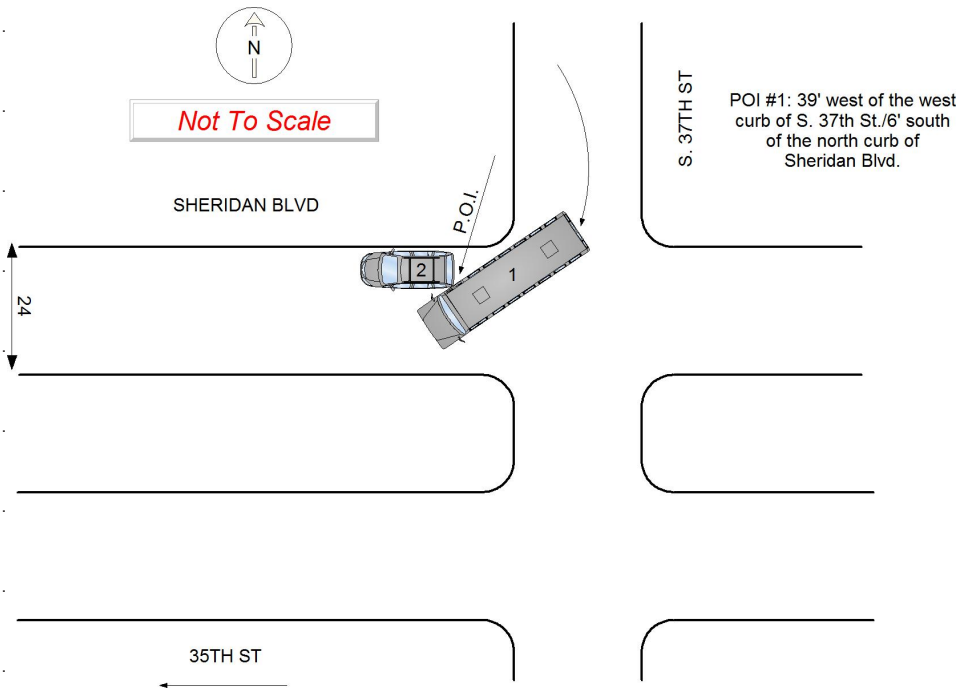
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-085302



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was stopped on S. 37th Street at the intersection of Sheridan Blvd., when it executed a right-hand (WB) turn onto Sheridan Blvd. and struck vehicle #2. Driver #1 stated, "I just clipped it." Vehicle #2 was parked on the north side of Sheridan Blvd. in a School No-Parking Zone, 35 - 37, facing westbound, when it was struck by vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	0
1				X	SHERIDAN BLV	POINT OF IMPACT	03	POINT OF IMPACT	06	1	2	3	4	5	6	7	8
2				X	SHERIDAN B	MOST DAMAGED AREA	03	MOST DAMAGED AREA	06	1	2	3	4	5	6	7	8
1	05	06 Turning left			00 None		02	03	04	1 None used - vehicle occupant		2 Lap & shoulder belt used		ALCOHOL TESTING		Driver No. 1	Driver No. 2
2	10	07 Making U-turn			09 Top & windows		01	05	06	3 Shoulder belt only used		4 Lap belt only used		ALCOHOL LEVEL TESTED		Y	Y
				08 Entering traffic lane			10 Undercarriage			4 Not deployed		5 Child safety seat used		N		X	N
				09 Leaving traffic lane			11 Total (all areas)			5 Not applicable/ No airbag available		6 Child booster seat used		BAC LEVEL			
				10 Parked			12 Other			6 Unknown		7 DOT approved helmet used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
				11 Slowing or stopped in traffic						7 Costume helmet used		8 Restrained use unknown		1		1	
				12 Other						8 Restrained use unknown		9 Restrained use unknown		2 Yes - alcohol suspected			
				13 Unknown						9 Restrained use unknown				3 Yes - drugs suspected			
														4 Yes - alcohol & drugs suspected			
														5 Unknown			

OFFICER NO. 1513	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Curtis Wolbert		INVESTIGATOR SIGNATURE Approved by Officer Curtis Wolbert	DATE OF REPORT 09/14/2015

215037413  
60271

State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT <b>103</b>		DATE OF ACCIDENT <b>09/14/2015</b>		COUNTY <b>Lancaster</b>		CITY <b>Lincoln</b>		STATE USE ONLY		
AGENCY CASE NO. <b>B5-085302</b>		OCCURRED ON HIGHWAY/ROAD/STREET <b>SHERIDAN BLVD</b>								
<b>TRUCK / BUS - 1</b>										
DRIVER (Print or type full name) <b>DENISE A WHITCOMB</b>					CARRIER IDENTIFICATION <b>1 U.S. DOT</b> <b>1 ICC MC</b>					
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.)  CITY, STATE, ZIP					VEHICLE CONFIGURATION (Check one)					
TRAILER LICENSE PLATE No.		Year		State		CARGO BODY TYPE (Check one)				
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE						
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input checked="" type="checkbox"/> Not Applicable		1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input checked="" type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR) 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown				
HAZARDOUS MATERIAL INVOLVED					BUS USE					
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input checked="" type="checkbox"/> School Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other				
<b>TRUCK / BUS - 2</b>										
DRIVER (Print or type full name)					CARRIER IDENTIFICATION <b>1 U.S. DOT</b> <b>1 ICC MC</b>					
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.					
CARRIER ADDRESS (Street or R.F.D.)  CITY, STATE, ZIP					VEHICLE CONFIGURATION (Check one)					
TRAILER LICENSE PLATE No.		Year		State		CARGO BODY TYPE (Check one)				
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE						
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR) 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown				
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Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other				
INVESTIGATOR NAME (Print or type) <b>Curtis Wolbert</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Curtis Wolbert</b>			DEPARTMENT <b>Lincoln Police Department</b>			OFFICER NO. <b>1513</b>		
								DATE OF REPORT <b>09/14/2015</b>		